BESTAWALLABLE COPYY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effect			D11199	181	79					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			29				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			99 minus 20=		* 9		X\$ 9)=		OR	X\$18=	162
INDEPENDENT CLAIMS			b minus 3 =		* ×		X42	=		OR	X84=	X
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140	_		OR	+280=	\(\)
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	TOTA			OR	TOTAL	902
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							,	ENTITY	OR	OTHER SMALL	THAN	
		(Column 3)	SIVIA			UN I I	SWALL	ADDI-				
AMENDMENT A	REMAINING AFTER AMENDMENT		PREVI		IBER OUSLY FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent *		Minus ***		·	=	X42	=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+140)=		OR	+280=	7
								TAL		0.0	TOTAL	
		ADDIT. F	EE [JOI T	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		, OR	X\$18=	
	Independent	*	Minus	***	T OL 4114		X42	=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM		+140)=		OR	+280=	
			TO ADDIT. I	TAL EE		OR	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	<u> </u>		OR	X\$18=	
	Independent	*	Minus	***		=-	X42	_		OR	X84=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM					UR		
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2 wri	te "O" in co	lumn 3	+140			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1		nber Previously Pa					found in th	e apı	propriate bo	k in co	lumn 1.	